47832

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 15062 DATE 4-29-94 TAX MAP NO. 3F-13-A-12 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Cecil & Sylvia Gregory PHONE: Business _____ Home _____

ADDRESS _____

LOCATION From Troutman take Perth Rd. TR State Park Rd TL Honeycutt Rd. TR Brer Fox Trail TL Capt. Way TR Anchor Lane 2nd Lot on L from end.

SUBDIVISION Capt. Cove BLOCK / SECTION — LOT 12 LOT AREA .6 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .4 gpd/ft²

Septic Tank: 1000 Gallons; STB 825 Date 2-27-94

Pump Tank: 1000 Gallons; PT 47-108.7 Date 12-27-93

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Lines 1 Square Feet 900 Linear Feet 300'

No Lines 6 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: pump to conventional

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other _____

☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

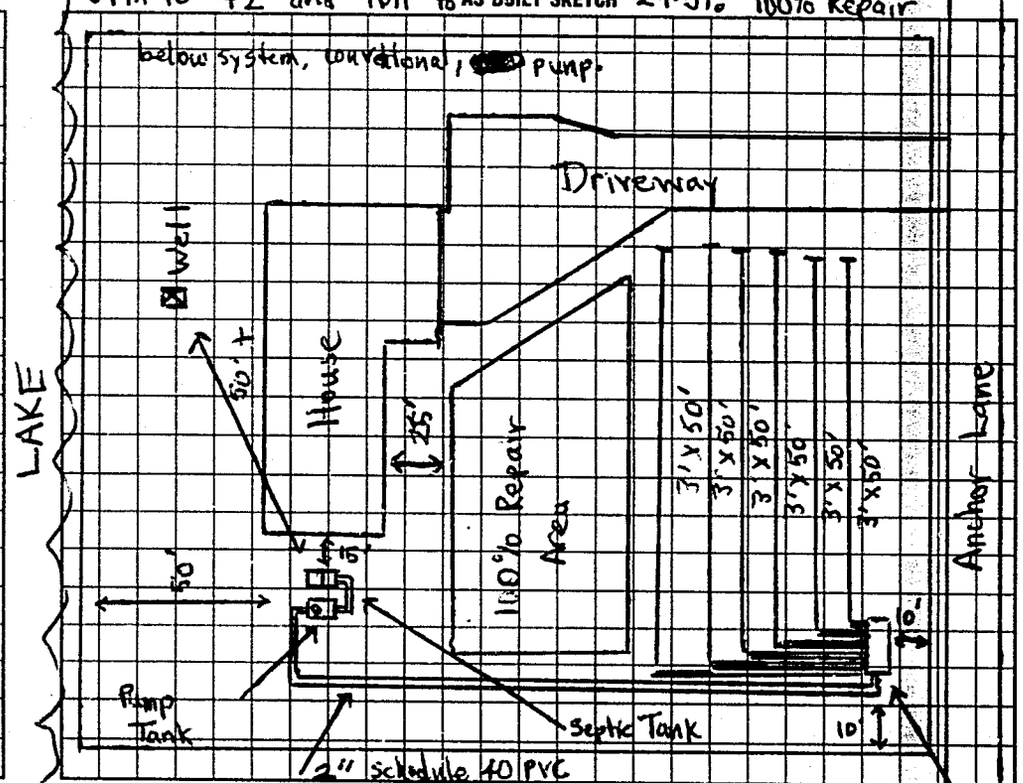
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Drainlines, septic tank, pump tank, manifold, and pump checked 4-8-94. Checked, Alarm, floats, and NEMA 4x Box and wiring, 4-29-94. System changed some, used 1/2" taps in pressure manifold, and use 2" schedule 40 PVC as supply line. This changed GPM to 42 and TDH to below system, conventional, pump.

INITIAL SITE SKETCH

AS BUILT SKETCH 2451. 100% Repair



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____ 4-23-93

Improvement Permit by: Michael L. Dennis date [redacted]

Existing System Inspection by: _____ date _____

Installed by: Richard Abercrathy

Certificate of Completion by: Michael L. Dennis date 4-29-94

Operation Permit by: _____ date _____

HEALTH DEPT COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD